

**Reseller Application**  
**Public Service Commission of Wisconsin**  
P. O. Box 7854  
Madison, WI 53707-7854

PSC-4003 (R6/9/06)

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**I. Petitioner**

Legal Name of Company

Name(s) under which the company will be marketing services in Wisconsin. (d.b.a. names)

Company Street Address

P. O. Box

City

State

ZIP Code

Name of company's contact person for ongoing regulatory affairs and/or complaints **(at company address)**

Phone Number

FAX Number

**E-Mail Address (required)**

Website Address

Name and address of attorney or contact person for this application

Phone Number

FAX Number

E-Mail Address

Website Address

The Commission receives requests from the public for information on providers and for contact numbers. Please provide toll-free phone number customers can call to get service:



Toll Free Phone Number

**II. Interexchange Services Offered**

**A. What types of customers will the petitioner serve? (Check all that apply.)**

Business

Residential

Payphones and hospitality sites

Inmates

Other Resellers (as wholesaler)

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### B. What services will the petitioner be offering to its customers?

Calling Card Services

(where service is provided on credit, not prepaid)

CENTREX

Internet Service:

Dial-up Cable Modem DSL Wireless

Local Service

Operator Service

Prepaid Calling Cards (debit cards)

Prison Inmate Services

Private Line/Dedicated Access

Retail Long Distance

Voice over Internet Protocol (VoIP)

Wholesale Long Distance Service

Other, please list:

### C. Date service will begin or has begun?

### D. Does the petitioner set rates or control discounts for these services? (If no, explain.)

Petitioner sets the rates for these services

Petitioner controls the amount of discounts customers receive for these services

No

### E. What areas of the state will the petitioner serve?

All of Wisconsin

All SBC territories

All Verizon territories

All equal access areas of Wisconsin

Other: \_\_\_\_\_

Anticipated start date of service (month/year): \_\_\_\_\_

### F. Please provide (if none, check the "none" indicator box)

Petitioner's 10-XX-XXX code: \_\_\_\_\_

800 or other access numbers: \_\_\_\_\_ or None \_\_\_\_\_

## III. Underlying Services/Underlying Providers

### A. What services will be purchased from underlying carriers? (Check all that apply.)

Access services

CENTREX

Interconnection/reciprocal/compensation

Local service (whole service resale)

MTS

Private line

Unbundled Network Elements

Virtual private network (e.g., SDN)

WATS/800

Other, please explain:

### B. Which underlying carriers provide these services?

Long Distance Providers \_\_\_\_\_

Local Service Providers \_\_\_\_\_

C. Does Petitioner own, operate or plan to operate directly or indirectly, transmission facilities (excluding switches) or a local exchange network in Wisconsin worth more than \$400,000? If you check "yes" to this box, do not continue with this application before contacting Ken Barth at (608) 267-2406 or by e-mail at ken.barth@psc.state.wi.us. Yes No

## IV. Switching Services

### A. Does the petitioner operate a switch?

Yes -- owned switch

Yes -- leased switch

Yes, but does not have a switch located in Wisconsin

No, all switching is provided by underlying carrier(s)

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### V. Billing for Services

#### A. Who bills customers for services?

Petitioner

Local Exchange Carriers (under contract)

Interexchange Carrier

Third Party (please identify): \_\_\_\_\_

#### B. How are complaints or disputes resolved?

Petitioner resolves complaints

Billing agent resolves complaints

Other: \_\_\_\_\_

### VI. Other Certificates

#### A. Has petitioner's certification been revoked in Wisconsin or any other state?

Yes

No

If yes, where \_\_\_\_\_

#### B. Is this a recertification?

Yes

No

If yes, what was previous utility number? \_\_\_\_\_

### VII. Signature

I certify that the petitioner will abide by the rules for resellers in Wis. Admin. Code ch. 168, plus minimum billing standards Wis. Admin. Code § 165.05.

Signature \_\_\_\_\_

Name (typed or printed) \_\_\_\_\_

Position \_\_\_\_\_

### VIII. Additional Information Required

**A. Information re: Affiliated Interests:** The petitioner must also describe any affiliations, as defined in Wis. Stat. § 196.52, the petitioner has with other telecommunications utilities in Wisconsin.

**B. Include a copy of petitioner's certification from the Department of Financial Institutions, Division of Corporate and Consumer Services, Corporation Section, authorizing petitioner to do business in Wisconsin. (Telephone 608/261-7577). Website address: <http://www.wdfi.org/forms>.**

**C. Include any promotional materials (if available) that will be used to solicit prospective customers.**

Please file application and all supporting documents via the Public Service Commission's (PSC) Electronic Regulatory Filing (ERF) system located at [http://psc.wi.gov/apps/a\\_erf\\_public/default.aspx](http://psc.wi.gov/apps/a_erf_public/default.aspx). It is important to read "How to File Electronically" in order to understand the process. Application will not be processed until the PSC has received both your application fee check (\$250), which is sent via mail, **and** your reseller application filed via ERF. Failure to file pursuant to instruction may result in the rejection of the application.

Check or money order (**cash is not acceptable**) must be made payable to: **Public Service Commission of Wisconsin** and mailed to:

Public Service Commission of Wisconsin  
Attn: Records Management  
610 N Whitney Way  
PO Box 7854  
Madison WI 53707-7854

Questions about this petition may be directed to Peter Jahn, Telecommunications Division, at (608) 267-9766 or by e-mail ([Karen.Erickson@psc.state.wi.us](mailto:Karen.Erickson@psc.state.wi.us)); Ruth Bawany, at (608) 267-2895 or by e-mail ([Ruth.Bawany@psc.state.wi.us](mailto:Ruth.Bawany@psc.state.wi.us)), or Cindy Gilles, at (608) 267-2893 or by e-mail ([Cindy.Gilles@psc.state.wi.us](mailto:Cindy.Gilles@psc.state.wi.us)).